

For SSN 1st time applicants 12 years old and over
Please Answer All Questions

- 1) Has the applicant ever held a paying job, even part time or temporarily in the U.S. ?
[] YES [] NO
- 2) Has the applicant ever had a savings account in a bank, credit union, or other financial institution or ever owned stocks or bonds in the U.S. ? Did the parents or other relatives ever open an account or buy U.S. Savings bonds for the applicant?
[] YES [] NO
- 3) Has the applicant or his/her spouse ever filed a Federal or State income tax return or been claimed as a dependent on a Federal tax return?
[] YES [] NO
- 4) Has the applicant been living outside the U.S. for a prolonged period?
[] YES [] NO
- 5) Has the applicant or the applicant's family ever applied for any type of governmental assistance such as Temporary Assistance for Needy Families (TANF), Food Stamps, WIC, Medicaid, medical assistance, public job training or summer youth employment in the U.S.?
[] YES [] NO
- 6) Has the applicant ever had a State-issued driver's license in the U.S.?
[] YES [] NO
- 7) Has the applicant ever filed or received SSA, SSI or VA benefits?
[] YES [] NO
- 8) Has the applicant ever attended or applied for admittance to a college, university or technical/vocational school in the U.S.? Or taken any college related entrance tests in the U.S.?
[] YES [] NO
- 9) Has the applicant ever served in the U.S. military service?
[] YES [] NO
- 10) Has the applicant ever registered to vote in the U.S.?
[] YES [] NO

**Name and Signature of Applicant or
Person Answering the Form for the Applicant**

Date:

Statement of Late Filing in Connection to SSN Application
(Required for 1st time applicants 12 years old and over)

I am only applying for a Social Security Number *now*,

☐ for myself

☐ for my child; because –

I give the Social Security Administration permission to verify my birth record with the Bureau of Vital Statistics in order to complete the processing of my request for a Social Security Number.

Name: _____

Date/ Place of Birth: _____

Signature Over Printed Name of
Applicant or Person Answering the Form for the Applicant

Date: _____

Mandatory Interview Certificate
Required for 1st time applicants 12 years old and over

To: Social Security Administration

FROM: _____
U.S. Embassy/Consulate or U.S. Military Command

I certify that _____, whose date of birth is _____
_____ personally appeared before me to apply for a Social Security Number.

The person stated that he/she has never applied for *nor* been assigned a Social Security Number before.

Name and Signature of Certifying Officer

Date

Official Designation:

Office Address:

Contact Numbers:

:bev

12/12/2003